

**CONTACT PERSON CORRECTION**

Date

**Is the “Contact Person” information below correct?** ☐ **Yes** ☐ **No (*correct below*)**

Project Name

Project Number

Contact Person (*Name/Association*)

Title

Address (*Street/City/State/Zip Code*)

Telephone Number

Fax Number

E-mail Address

**INSTRUCTIONS TO THE APPLICANT:**

- According to recent information in the Certificate of Need Records, the individual listed above is the “Contact Person ” for this project who will be the primary representative responsible for all monitoring and reporting related to this project.
- If this information is correct, check “Yes” in the box above.
- If this information IS NOT correct, check “No” in the box above, and enter the correct information in the appropriate spaces provided below.
- **In either case, the applicant must sign at the bottom of this form to certify that this response is true and accurate as of the date posted above.**

**Please type or print legibly corrected “Contact Person” information below:**Contact Person (*Name*)

Title

Address (*Association/Street/City/State/Zip Code*)

Telephone Number

Fax Number

E-mail Address

Applicant (*Print or Type Name*)Applicant (*Signature*)

Date